

# St. Bartholomew's Hospital



## JOURNAL.

VOL. VIII.—No. 12.]

SEPTEMBER, 1901.

[PRICE SIXPENCE.]

### NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*

*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*

*All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to J. H. BOOTY & SON, Advertising Agents, 30, Holborn, E.C.*

*A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.*

### St. Bartholomew's Hospital Journal,

SEPTEMBER, 1901.

"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

### Editorial.

**T**HE Report of Mr. Brodrick's Committee, appointed to consider the Reorganisation of the Army Medical Service, has at length been published. Of the importance of such an expression of the views of the men who formed the Committee there can be no question, and it is unlikely that they will meet with any but a favourable reception from the Government, especially when we consider that Mr. Brodrick himself was chairman of the Committee.

The presence of so large a proportion of medical men in civil practice on the Committee makes it evident that the

Government wished to increase rather than diminish the scope of the purely medical work, instead of, as has hitherto been the case, sacrificing the scientific to the administrative duties.

The 'Lancet,' in commenting on the Report, gives its readers a valuable hint,—that to appreciate its merits it should not be read merely to see how this or that grievance has been met. The recommendations of the Committee contemplate making a fresh start altogether, not tinkering with the old constitution.

Bearing in mind the numerous extra-professional duties which an army medical officer is bound to carry out, often to his detriment as a man of medicine, there is no doubt that the Report aims at preserving at all hazards the Art and Science of Physic; hence the proviso suggested that candidates who pass the entrance examination for the Royal Army Medical Corps, while holding a resident appointment in a recognised civilian hospital, or appointed thereto at such a date as will permit them to take up their duties immediately after they have passed the entrance examination, shall be allowed to count the period of such appointment towards seniority, pension, or gratuity, but shall receive no pay from army funds. Nothing could indicate more clearly than this the determination to estimate at its highest value clinical experience; in effect it is extending the most favourable terms to a class who have hitherto been discouraged from joining the R.A.M.C. on account of the seniority they would lose while holding a resident appointment in a civilian hospital. Whether this scheme will commend the Army Medical as a profession to men who have been "residents" is open to question perhaps, but there are further inducements held out to candidates at large.

Facilities are to be granted to officers in the service for continuing or resuming their studies at civilian hospitals after serving three years. Six months will be allowed for this purpose, at the end of which time an examination will be held in Medicine, Surgery, Hygiene, and Military Sanitation, also Bacteriology and Tropical Diseases. This

examination will be to a certain extent selective, as acceleration of promotion may be recommended on its results. So for every step in rank the same measures are advised whereby an officer shall, before presenting himself for examination for promotion, be given an opportunity of brushing up his knowledge in a civil hospital.

Encouragement will be given to specialisation, but to qualify for "specialist appointment" at least 70 per cent. of marks must be obtained on examination in the special subject selected.

Further the scale of pay has been revised and, the proposed rates are for :

	£	s.	d.	
Lieutenant ...	323	10	0	per annum.
Captain ...	379	15	2	up to
	477	15	2	according to length of service.
Major ...	587	12	10	to
	632	12	10	
Lieut-Colonel ...	713	15	4	to
	804	15	4	
Colonel ...	963	10	10	
Surgeon General	1500	0	0	
Director General	2000	0	0	

These raised rates of pay will in themselves, we have little doubt, decide a certain number of men who would otherwise have hesitated, for with all the necessary expenses it is possible not only to live on the pay, but under some, possibly exceptional, circumstances, to save money on first joining.

Professor Ogston adds a suggestion which to a non-military mind appears the most valuable in the whole report, namely the formation of a Sanitary Corps consisting of officers specially charged with the duties of carrying out proper sanitary measures in peace and war; a corps which might under satisfactory management prove a greater attraction than any other branch of the Army Medical.

But considering the Report and its effects if carried out without substantial modification, there is evidence, as we have said, of a desire to encourage even in the Royal Army Medical Corps, the study of medicine for its own sake. This has always been at the root of the mischief; changing titles, altering uniforms, decentralisation alternating with centralisation, have been the efforts of groping minds, not knowing what they wanted or how to get it, but appreciating the fact that for some obscure reason medical service with the army did not attract the medical profession. Pay, rank, and titles are quite secondary to the main fact that most doctors are compelled, sooner or later, to make a hobby of their profession, and this was denied them on entering the army.

The idea of permitting an occasional stimulus to a man, perhaps getting on in years, by sending him back to a general civilian hospital where surgery and medicine are

not merely advancing but being made to advance, is the most probable solution of the great difficulties which have in the past beset the R.A.M.C.; but the scheme for perpetual examination should be nipped in the bud. It was a shrewd saying of Sir Thomas Browne that "We do but learn to-day that which our better judgments will unlearn to-morrow," and to nothing is it more applicable than to the knowledge acquired for purposes of examination.

If under the new conditions, whatever they be, scope is given to the younger men to practise their profession, instead of, as is now the case, reverting to the post of "Clinical Clerk;" if something like independence of thought and action are, we will not say encouraged, but tolerated; if the "senior to you—correct diagnosis!" spirit is stamped out; then and then only will it be possible to honestly advise students of medicine to look in the direction of the R.A.M.C. for a career and profession.

### Cervico-brachial Neuralgia.

*A Clinical Lecture delivered by Dr. GEE.*

(Reported by Dr. T. J. HORDER.)

**B**Y neuralgia we mean pain situated in the course of a nerve. There are as many neuralgias as there are sensory nerves. The following varieties of neuralgias are well-known examples:—*Facial* (the fifth cranial nerve); *cervico-occipital* (the cervical plexus); *cervico-brachial* (the brachial plexus); *intercostal*, *lumbar-abdominal*, *anterior crural*, and *obturator* (nerves of the lumbar plexus); *sciatica*, a very common disease (the sacral plexus).

Here's a shabby old book, containing a fine medical essay; the author is Dominico Cotunnio (known as Cotunnus) of Naples, who wrote in the eighteenth century. Cotunnus was the discoverer of sciatica, and therefore of neuralgia. Up to his time sciatica meant two things,—sciatica as we know it, and rheumatoid arthritis of the hip joint; Cotunnus was the first to distinguish "nervous" sciatica from the pain due to arthritis. He also discovered anterior crural neuralgia, which he called anterior sciatica as against the posterior form, and this cervico-brachial neuralgia of which we are going to speak. Using the word sciatica as he did—synonymous with our word neuralgia—he called this cervico-brachial neuralgia cubital neuralgia, and in this book is a good description of the disease. The name of Cotunnus\* is therefore important; he had an eye to see that this affection was pain due to a nerve.

\* *Liquor Cotunnii*, the endolymph of the ear, preserves the name of the same man.

There is at present in Luke a publican, æt. 59, suffering from cervico-brachial neuralgia. "Seven weeks ago pain began under the right armpit, and struck through from the back of the shoulder into the breast. It afterwards went up and down the arm like wires. The use of the arm was lost from the third or fourth day"—lost, because it hurt to use it, not because it was paralysed. "For the last few days he has had pain in the left arm. He had syphilis forty years ago. Fifteen months ago the right arm was put out of joint at the shoulder.

*Causes of the disease.*—1. The man being a publican suggests the possibility of *alcoholic neuritis*; this is conceivable, but so far as I know alcoholic neuritis is not thus limited.

2. *Was it syphilis?*—There is a syphilitic neuritis, but here the syphilis occurred forty years ago, and I have not seen a case of syphilitic cervico-brachial neuritis.

3. *Dislocation of the shoulder.*—I have very little doubt that this was the cause of the present disease. Fifteen months ago the right shoulder was put out of joint; injury to nerve-trunks is a very frequent cause of neuralgia, and surgeons are more likely to meet with this than physicians.

Let me read the account of an interesting case which bears upon this question of injury. It was reported by Mr. Alexander Denmark in 1813.

"Henry Croft, a healthy young man, belonging to the 52nd regiment, was wounded on the night of the 6th April, 1812, at the storming of Badajos. A musket ball entered the triceps extensor cubiti, about one and a half inch above the inner condyle of the os humeri, which, grazing the inside of that bone, passed obliquely downwards through the brachialis internus, and out anteriorly near the bend of the arm. The wound soon healed, and without manifesting any particular morbid symptom during the cure. On his admission into this hospital I found him labouring under excessive pain, which the largest opiates could not assuage, with almost constant watching. The little sleep he had, if it could be called such, was disturbed by frightful dreams and starting. I always found him with the fore-arm bent, and in the supine posture, supported by the firm grasp of the other hand; the wrist also bent, being unable to move it into any other position by the voluntary exertion of its own muscles. He could suffer me to extend the hand, but with increased pain. It always, however, on the removal of the extending power, fell into its former bent situation. The act of pronation he could also suffer me to perform, but in like manner with increase of pain. A small tumour could be felt in the site of the wound on the anterior part of the arm, which he could not bear to be *touched* without evincing additional torture. He described the sensation of pain as beginning at the extremities of the thumb and all the fingers, except the little one, and extending up the arm to the part wounded. It was of a burning nature, he said, and so violent as to cause a continual perspiration from his face. He had an excoriation

on the palm of the hand, from which exuded an ichorous discharge. The cause of this he ascribed to a shell rolling over it. His agonies, he observed, were insufferable, depriving him of sleep and the enjoyment of his food, for which he had sometimes an appetite. He declared himself incapable of enduring it longer without some relief, and earnestly requested the removal of the arm. Before proceeding to any operation I recommended him to try the effects of the warm and vapour baths, anodyne embrocations, etc., but from none of these he experienced any alleviation of his sufferings.

"I proposed to my patient the possibility of saving the limb, and relieving the pain, by cutting down upon the nerve, and removing a part of it above the wound, which he willingly consented to, but observed that he would rather have the arm amputated at once than run the risk of a second operation. In a consultation which I held with my colleagues upon this case, when we considered the chance of failure together with the injured state of the arm and contracted elbow-joint, we determined on the propriety of amputation. I immediately performed the operation, and with instantaneous relief to my patient. He was discharged cured in three weeks, having in that time rapidly recovered both his health and strength.

"On dissecting the arm I traced the radial nerve through the wounded parts. It seemed to be blended with, and intimately attached to them, for the space of an inch. It had been wounded, and at the place of the injury was thickened to twice its natural diameter, and seemed as if contracted in its length. This contraction, I thought, partly accounted for the bent position of the arm, and the increased pain on attempting its extension; but on further examination I was surprised to find, on dividing the fibres on the posterior part of the wounded nerve, that there was a small portion of the ball firmly imbedded in it, which had been driven off by grazing the bone. This description of injury more fully accounts for the exquisite pain felt by the patient. The os humeri was discoloured where it was grazed by the ball, and the humeral artery was uninjured! The nerve was evidently thickened both above and below the wound. Would the division of the nerve, and cutting a piece out of it, have been attended with success?"

No doubt it would, but this happened one hundred years ago, before the era of chloroform, and no dissecting of nerves was attempted when operations could only last for one or two minutes at most.

4. *Overwork.*—The disease is one form of writer's palsy, not necessarily affecting all the branches of the plexus, but only some. Excessive piano-playing may produce it, and, amongst the poor, overworked washerwomen are liable to the affection.

5. *Exposure of the neck to cold.*—I once saw an American gentleman on account of cardialgia, from which he suffered in a severe form. He was a very "painful" person,—

"neurotic," as he would be called nowadays. The cardialgia recovered, but as he was walking in Piccadilly in a strong north-east wind he was "struck" by the wind in the neck: an attack of cervico-brachial neuralgia supervened.

6. *Part of a multiple neuritis.*—A lady æt. 36 years, being at the time very subject to headaches, and therefore again a person predisposed to painful affections, first noticed aching pains in the soles of the feet and up the legs, increasing in severity. This was followed by pain in the left shoulder, continuing for some months. On examination there was atrophy of all the muscles, including the deltoid and infraspinatus; the extensor secundi internodii pollicis was completely paralysed. Six months later there were neuralgic pains in one or two intercostal nerves of the left side, also in the legs. There had been supra-orbital and infra-orbital neuralgia off and on throughout. When neuritis is so universally distributed as that it is always right to suspect the existence of some poison,—alcohol, lead, arsenic, diphtheria, etc. We were not able here to discover it, and this is not seldom the case.

7. *By the nerves being involved in a tumour of the neck.*—A lady æt. 46 years suffered from pain and weakness of the right arm for three years. When seen she was suffering from well-marked cervico-brachial neuralgia, with tenderness just above the clavicle, where there had been an abscess in childhood. For some years she had been accustomed to lean her arm out of bed to support the head of her child. Neither of these things was the cause of the disease, however. Nothing more happened until a sarcomatous tumour appeared in the neck, from which she died ten months after she was seen. It is possible that the abscess had something to do with the origin of the sarcoma; mammary abscesses are not uncommonly followed by cancer.

It is obvious from what I have said that it is not always possible to detect the cause of the disease at the time.

Turning now to our own patient, what were the signs of the disease in his case? His condition on admission was as follows:

*Right arm.*—"Pain in the shoulder, shooting down the arm. Tenderness over the brachial plexus above the clavicle, over the nerve-cords in the axilla, over the ulnar nerve behind the elbow, over the musculo-spinal and median nerves," so all the main nerves of the arm were affected. "There is some wasting of muscles, especially of the abductor indicis. The deltoid is not wasted," so we suppose the circumflex nerve to have escaped. "The grasp is weak, the movements of the shoulder-joint very weak. Sensation: there is loss of tactile sense all over the little finger and the ulnar border of the ring finger;" therefore the ulnar nerve suffered more than the others, and this is very commonly the case.

He could not move the arm at all, nor would he let us move it without the greatest possible pain. Therefore the

question of disease of the shoulder-joint arose. To this I shall refer again later.

The pain in cervico-brachial neuralgia is more or less constant, and liable, like all neuralgias, to paroxysms. As to the severity of these, think of the soldier of whose attacks I read to you just now. Another case illustrating the severity of the paroxysm in cervico-brachial neuralgia is one described by Dr. Buzzard, occurring in a woman aged 65 years. "The patient was suddenly attacked with violent pain in the right arm, in the situation of the middle of the biceps muscle anteriorly, and she had never since been altogether free from it. But daily and nightly she would have, besides, sudden paroxysms of agony—generally four or five times a night. In these the pain was not constant to one situation. It would attack the front of the arm, and run down on the middle of the forearm to the ring and little fingers; or it would commence at the bend of the elbow, and then run down to the thumb. At other times, attacking first the thick part of the arm, it would extend like lightning to the shoulder, reaching sometimes to the back of the neck." (Hence the name *cervico-brachial neuralgia*). "Whilst examining her she was seized with such a paroxysm, and almost fell from the chair in the writhing of her body which the pain caused. Her face and neck became vividly red during the paroxysm, which lasted perhaps half a minute. Her aspect during its continuance recalled exactly the appearance of a patient suffering from *tic-douloureux*." And I quote this case to illustrate that the paroxysm of pain may be as bad as in this other severe form of neuralgia.

*Pain*, then, is the main symptom. If the motor branches of the plexus suffer, which they always do in severe cases, there is more or less *palsy* of certain muscles. This may be accompanied by one or both of two other conditions: *spastic rigidity* of the fingers, and *muscular atrophy*.

*Diagnosis.*—It is interesting to notice that this case raised just that point in diagnosis which Cotunnus was the first man to settle: was the disease in the joint or in the nerve,—only here the joint concerned was the shoulder, not the hip. At first we were quite unable to say whether it was rheumatoid arthritis or neuralgia. One thing I thought important: the deltoid was not atrophied. Now in chronic affections of a joint the extensor muscles acting on that joint are usually more or less wasted. Thus, in hip disease one of the best signs is atrophy of the buttock on the affected side, seen on examining the patient with his back to you. But this absence of wasting of the deltoid was rather a small point to build an opinion upon. We had a better means of deciding the point, and that was by examining the shoulder under an anæsthetic. We did this, and found that the movements were perfectly free in all directions. There was, therefore, nothing the matter with the joint, and the diagnosis was clear.

So much for the diagnosis of the *disease*. In all dis-

eases it is important to diagnose the *cause* also, with a view to its removal. (The X rays would have greatly assisted in Denmark's case.)

*Treatment.*—(i) The first thing—any way the patient thinks so—is to remove the *pain*. Fomentations and anodyne liniments are hopeless. Treatment must be much more decisive—the subcutaneous injection of some anodyne; and I think the best to begin with is cocaine. This is what I generally use; and I usually find it sufficient, as it was in this case. A sixth or an eighth of a grain must be injected over the shoulder, where there is most pain. It is always best to make injections where the patient feels the pain most. At present the pain is in our case very considerably relieved, but is not gone. One reason for the selection of cocaine is that the drug is not so well known, and there is therefore less chance of the patient getting into a cocaine habit than into a morphia habit, were morphia used. This applies more to sciatica; I have known several patients become confirmed victims to the morphia habit after sciatica. Still, morphia is the heroic remedy if cocaine fails, and you must use it till the pain is relieved.

(ii) Keep the part at perfect *rest*. Bed must be insisted upon if the patient is very bad. But this is in itself not sufficient; it is important to have a sling, or bandage the arm to the side. If the patient is up one of these is quite essential. And the sling must be put on properly: you must always do it yourself; instructions are no good. The important point is to see that the *elbow* is supported, and not only the wrist. In a bad case it is best to make a boat of leather, and not to trust to a sling; then the whole can be bound to the side by a soft bandage.

(iii) If the pain is now relieved, or was not severe from the first—and you should not use hypodermic injections for slight pain,—apply hot bottles freely, as hot as they can be borne. In sciatica this treatment by local heat is most useful. Some say “iron the patient,” but hot water is just as good, only it must *be* hot. The proper direction to give the patient is that the water should be a little hotter than can be borne. If the pain is very local a blister may do good, and though I spoke rather contemptuously just now of anodyne liniments for severe cases, in slight cases they have their place: aconite and belladonna liniment or salve are the best. If liniments are used they must not be spared, and the patient must not use them himself. The preparation should be applied from a saucer on cotton wool; not rubbed in stingily, but freely for three or four minutes a good many times a day. (It is very desirable that persons using poisonous liniments like these should wash their hands well; I have known them suffer severely for lack of this precaution.)

After a time the pain often does become local, settling in one point; then these local applications are useful.

(iv) Massage, *provided it be gentle*, is useful. The tendency

always is to be too rough, the masseur so often wanting to do great things, and therefore too much. This treatment is only to be applied when the disease has become chronic, not during the acute stage; it is to be done not merely for the muscular atrophy, but for the neuralgia itself. In sciatica also it is very useful. We are having the shoulder and arm of our patient massaged.

(v) Lastly, electricity must be mentioned. It is not a remedy that I have a very high opinion of in this disease; it can usually be cured without electricity. But if by ordinary means and massage the case does not progress, see what electricity can do. Faradism does harm; you must use galvanism, and whether the current goes up the nerves or down does not matter much. Physiological principles would suggest that it should go up them, and there is this advantage then, that it does not cause so much contraction of the muscles, and therefore much stronger currents can be used. But so far as the treatment of neuralgia is concerned clinical experience shows that it does not matter which way the current goes.

### Smallpox before Sydenham.

**T**HE present outbreak of smallpox in London has directed a good deal of attention to a disease of which the younger generation has heard more than it has seen.

Since the days of the founder of English medicine the recognition of the disease has been a matter of greater certainty, accurate descriptions of the epidemics exist, and are for the most part constantly quoted.

But before the power of clinical observation had been appreciated at its true value, before Sydenham began to look at his patients rather than his books, the history of smallpox in England is rendered obscure by the untrustworthiness of the observers.

It is to an Arabian historian that we are indebted for the first definite account of variola in Europe or its vicinity, who describes its appearance among the Abyssinian army at the siege of Mecca in what was known as the Elephant War of A.D. 569.

With the description is blended a short disquisition on the causation of the disease according to Arabic legend. “Thereupon came the birds from the sea in flocks, every one with three stones, in the claws two and in the beak one, and threw the stones upon them [*i.e.* Abrahah's army]. Wherever one of these stones struck, there arose an evil wound and pustules all over. At that time the smallpox first appeared.”

Whether or no the present prevalence of smallpox among the Arabs dates from this war or not, there can be

no question that smallpox was introduced into the West through the Saracens, and the famous Dr. Freind, with whom Fielding and Hogarth spent many a pleasant evening in Little Britain, makes this remark: "The Saracens first brought in this distemper, and wherever their arms prevailed this spread itself with the same fury in Africa, in Europe, and throughout the greatest part of Asia."

Not only were the Saracens responsible for introducing the disease, but it was their pens which first described it. This together with measles was a peculiarly Arabian theme. It was from Rhazes rather than Galen that the observations and theories on smallpox passed into the English medical text-books. But though in literature we took over smallpox from the Arabians, it has been a subject of keen debate whether there had not been earlier experiences of the disease.

It has been claimed that an epidemic which was widely spread through the monasteries and elsewhere in the year 664 was nothing else than smallpox, yet from Beda's account there is certainly room for doubt on the point.

John Gaddesden, whose book '*Rosa Anglica*' was a success in its day, early in the fourteenth century, though containing little that is not to be found in the Arabian Physicians, claims that he cured the "son of the most noble king of England," when suffering from variola, by the following treatment, which has been quoted with little enough reason as one of his originalities:—"I made everything about his bed red, and it is a good cure, and I cured him in the end without marks of smallpox;" but Gaddesden, though at one time a great name in medicine, was not reputed to be too scrupulous a practitioner, and the opportunity of diagnosing variola in the king's son may have tempted him beyond his clinical knowledge.

Dr. Gee, in a clinical lecture given in 1896, mentioned an Anglo-Saxon book on medicine, called '*Lœce Boc*,' written about A.D. 950, in which reference is made to a disease called *póc* all or pustular disease, which, as he said, "may or may not be a name for variola." But in the '*Compendium Medicinæ*' of Gilbertus Anglicus, written three hundred years later, or about, there is a chapter on *variola* and *morbilli*, which were, no doubt, our smallpox and measles.

In 1514 there is a letter extant describing the King of England as having had a fever, and that "the physicians were afraid it would turn to the pustules called *variola*, but he is now well again and rises from his bed." Although in this letter there is only the fear expressed that the illness might turn to smallpox, yet in the instructions sent by Henry VIII to Spinelly, English Ambassador in the Low Countries at the exact date, there is item to say that the English king has lately been visited by a malady "*nommé la petite verolle*." Four years later there is a definite account of an outbreak of "small pokkes and meizils" at Wallingford. From this time the use of the

word smallpox becomes fairly general, though the disease itself seems to have been not infrequently associated with or not distinguished from measles; and William Clowes, surgeon to St. Bartholomew's Hospital in 1575, translates the Latin "*variola*" by "measles;" and Phaer in 1553 goes further, and renders *variola* by measles and *morbilli* by smallpox.

The first record in English of a definite case of smallpox is found among the miscellaneous collections of Stowe, now in the Lambeth Library, where there is a narrative of the troubled conscience of Master Richard Allington, esquire, a gentleman who appears to have lent money at high interest. Believing himself to be dying on November 22nd, 1561, he summoned to his bedside the Master of the Rolls, two doctors of law, and two other lawyers. He began, "Maisters seinge that I muste nedes die, which I assure you I nevar thought wolde cum to passe by this dessease, consyderinge it is but the small pockes, I woulde therefore moste hertely desyre you in the reverence of God and for Christes passions sake to suffer me to speake untill I be dede, that I may dyscharge my consens," etc. He then explains that "no man had so especial tokens of God's singular grace, and so litele regarded them as I have done;" and goes on to mention particular acts of usury, and to offer restitution to the amount of some hundred pounds or more; "then he thought he should have died, but then broth being given unto him he revived again and fell to prayer, and gave himself wholly to quietness," and there the narrative ends; but from a further reference to him in Stowe's '*Survey of London*' we learn that he did die in 1561, and that his widow was left well off.

There is no other evidence of the disease in England until it is mentioned in a letter written in 1591 to a member of Queen Elizabeth's Court, where it is said, "Hir Higness wold you should remove from that place where the smalle pockes were, to take the fresh and clere ayre the better to purge ye from the infection."

In 1593 Kellwaye, writing the first systematic English essay on the disease, claims to speak from his own recent experiences, and gives an excellent account of smallpox, probably largely culled from the Arabian writers, but in addition goes a considerable way towards the separation of measles from smallpox, which was not fully effected in England until the following century. "What the measles or males are:—Many little pimples which are not to be seen, but only by feeling with the hand are to be perceived; they do not maturate as the pocks doth do, nor assault the eyes," etc. And it was about ten years after Kellwaye's death that the classification of the deaths in London was begun by the Company of Parish Clerks, and it was in one of the first of their weekly and annual bills of mortality in 1629 that "Flox, smallpox, and measles" appears as one item,—the most probable explanation of "flox" being that it stands for confluent smallpox.

In the Report of the Medical Superintendent of the Hospital Ships, published this year, on the origin of the cases of smallpox treated during 1900, a woman is reported to have been admitted "whose husband had just died, it was supposed of measles, but there can be little doubt that the nature of his disease was hæmorrhagic small pox,"—a gentle reminder that the difficulties and mistakes of the sixteenth century are still abroad in the twentieth.

About the end of the Elizabethan period and in the first years of the Stuarts, smallpox rises gradually to occupy a prominent place in the records of disease as a whole in England. Smallpox and measles may have been and probably were observed in England in the earlier part of the sixteenth century, but it is only after the beginning of the seventeenth century that they begin to figure with anything approaching frequency in domestic or public records. About 1631 a letter written by Dr. Donne, Dean of St. Paul's, shows a dread of the smallpox infection quite unlike anything we meet with in the former records. "At my return from Kent to my gate I found Kate had the pox: so I withdrew to Prickham and spent a fortnight there. And without coming home, when I could with some justice hope that it would spread no farther amongst them (as I humbly thank God it hath not, nor much disfigured her that had it). I went into Bedfordshire."

In the reigns of James I and Charles I cases of smallpox among the upper classes are occasionally mentioned in letters.

Credit for recording the earliest outbreak belongs to Aberdeen, in whose Kirk Sessions records for 1610, under the date of August 12th, occurs the entry, "There was at this time a great visitation of the young children with the plague of the pocks."

In 1612 there are various references to deaths from smallpox in London in rich houses.

In 1613 Lord Harrington, who is said in a letter of Dr. Donne's to be suffering from "the pox and measles mingled," died of smallpox (probably hæmorrhagic) on the Sunday before March 3rd, at which date also the Lady Burghley and two of her daughters were sick of the same disease. These two years probably represented an epidemic period.

In the year 1614 we learn from foreign writers that there was a pretty general epidemic spreading all over Europe, in which England was affected, yet there is no trace of this outbreak in our own records.

Another epidemic is known from letters to have occurred in 1621. "The smallpox brake out again in divers places, for all the last hard winter and cool summer, and hitherto we have had no sultry summer, nor warm winter, that might invite them. The Lord Dudley's eldest son is lately dead of them, and the young Lady Mordaunt is now sick." And on January 28th, 1623, "The speech that the smallpox

be very rife there [Newmarket] will not hinder his [James I's] journey."

Smallpox accompanied the typhus epidemic of 1623-4, as it has often done later, and the two together are recorded as "having taken away many of the good sort as well as mean people."

This record is the only one that mentions in any way the "mean people," but where the nobility suffered one can scarcely suppose the poorer classes were not affected to a far greater extent.

From the returns published by the Parish Clerks' Hall of the causes of death in London we find for the first eight years these figures for "flox, smallpox, and measles:"

1629 ... .. 72	1633 ... .. 72
1630 ... .. 40	1634 ... .. 1354
1631 ... .. 58	1635 ... .. 293
1632 ... .. 531	1636 ... .. 127

The greatest epidemic, it will be seen, was in 1634. The figures for 1637 to 1646 are lost, but it is known from other sources that the autumn of 1641 was a terrible season both for smallpox and plague.

About the Restoration references to smallpox become more numerous. A letter of January, 1658, speaks of "much sickness in the town [London], especially fevers, agues, and smallpox." In 1660 Lord Anglesey is dead of smallpox, while Lord Oxford had a severe attack and recovered. On the 8th of September of the same year the Duke of Gloucester was diagnosed to have "a disease between the smallpox and the measles; he is now past danger of death for this bout, as the doctors say." Yet he died on September 14th, on the tenth day of the disease, with remarkable evidences (verified by post-mortem) of internal hæmorrhage, having bled freely at the nose a few hours before death. The eruption had not "come out full and kindly" at the beginning, so that it was not the ordinary hæmorrhagic type.

Letters from a lady at Hambleton to her husband in London, May 26th, 1661, speak of smallpox raging in the place and in the house of her nearest neighbour, her own children having the whooping-cough.

All the indications, whether from letters, from poems or plays, or from statistics, point to the first two Stuart reigns as the period when smallpox first became an alarming disease in London among adults and in the upper class. Thus at Whitehall, in 1660, Charles II lost both a brother and a sister—the Duke of Gloucester and the Princess Mary of Orange.

Willis, one of the founders of the Royal Society, the friend and contemporary of Sydenham, was then at Oxford, and says in 1661 that smallpox began to rage severely before the summer solstice, adding that it was "a distemper rarely epidemical."

The bills of mortality for the years 1645-1666 are

extant, and show signs of epidemics in London in 1649, 1652, 1655, 1659, 1661, and 1664.

These figures bring us down to the time of Sydenham, the first accurate observer of smallpox in England, and beyond his date it is not intended to take this article.

Since the time of the greatest exponent of clinical medicine the records of smallpox are accurate and well known. Sydenham, of whom it is recorded that Boerhaave never spoke without doffing his hat, opened a fresh chapter in English medicine. And into this later chapter there is neither time nor space to dip. Our modern views of smallpox, at least in respect to diagnosis, are those of Sydenham, and there is but little that the physician of to-day could teach "the father of English medicine" concerning the recognition of the "variolaë."

## Four Cases of Meningitis, two of Tubercular Variety, the others of Anomalous Types.

By WILLIAM WYLLYS, M.R.C.S., L.R.C.P.Lond., L.S.A.

**T**HE difficulty of making a correct prognosis in meningitis, and of determining what pathological process is at work in certain anomalous basal types, is my reason for publishing the account of four cases of this disease. Until reading a description by Dr. Still (see 'Journal of Pathology and Bacteriology,' May, 1898) of a form of basal meningitis due to a diplococcus, which sometimes recovers, I had believed that all four of my cases were of tubercular origin, described in text-books as invariably fatal, and was consequently very surprised when two of them recovered.

CASE 1.—E. M. L., a bright, intelligent little girl, aged 7 years, described as "too quick" at school, was placed under my care on account of headache, abdominal pain with diarrhoea, and loss of appetite, which had persisted for one week. Her pulse was 112, and temp. 99°, and a doughy tender mass could be felt in right iliac fossa, dull to percussion.

Her head was unusually large, especially in parietal and occipital regions. The child had complained of stiffness at back of neck, and occasional night sweats for three months. Sudden attacks of stomach-ache and sickness quite independent of food had occurred from time to time, also headache, which was stated to be lessened when stomach symptoms arose, and *vice versa*; irritation about anus and nose, causing patient to scratch these parts, gave rise to the idea of worms, but none were ever detected.

No history of injury to head could be elicited, neither were otitis, enlarged lymphatic glands, or joint lesion present.

The child had had measles, and lost one maternal aunt of phthisis pulmonalis.

*Progress of case.*—For first week symptoms pointed to either abdominal or cerebral mischief, but on the eighth day of treatment child became drowsy, and then comatose, with dilated pupils irresponsive to light. The abdomen was retracted, and incontinence of urine and faeces ensued. Tache cérébrale was demonstrated, and the respiration assumed the Cheyne-Stokes variety. Lungs and heart proved by physical signs to be normal. Two days later child was conscious again, could speak in a whisper in answer to questions, took nourishment well, and moved limbs naturally, though neck was rigid. Urine and faeces passed naturally; some pain in head was complained of.

Potassium bromide and iodide was given by the mouth, and sound sleep was procured. The pulse now was 150, and temp. 99°, and though no sickness or convulsion had occurred the case was looked upon as of cerebral origin. From the first appearance of coma an ice-cap was applied to scalp and hot bottles to feet, also Ung. Hydrarg. to nape of neck and to abdomen. Child remained

listless, drowsy, and exhausted, and became markedly emaciated. A week later unconsciousness once more occurred, with clonic spasms in arms and right leg; pulse running; skin very dry and harsh.

The next day paralysis of soft palate manifested itself with rigidity of limbs, wrist-jerk, ankle-clonus, and increased knee-jerk on right side; there was also trismus. Rectal injections of milk, egg, brandy, opium, and potassium iodide were adopted, and patient rallied a little, but three days later a convulsion followed by left hemiplegia occurred, with Cheyne-Stokes breathing and retention of urine, and the child died on the thirtieth day of the disease.

*Post-mortem.*—The mesenteric glands were enlarged to size of filberts and were tubercular. Omentum and general peritoneum were studded with thousands of miliary tubercles; small intestines matted together, especially in right iliac fossa, where they were adherent to abdominal wall and ilium. The spleen showed deposits of tubercle on surface, the liver also, which was adherent to diaphragm. On removing vault of skull much clear cerebro-spinal fluid welled up; convolutions of brain were flattened, and a small patch of tubercular deposit was seen in meninges over right upper parietal convolutions. The blood-vessels at base were studded with tubercles, the sella turcica was occupied by an abscess containing thick green pus; optic nerves were swollen and perineurium congested; the pia mater of pons Varolii, medulla, and cord for two inches covered with grey tubercles. The brain weighed 52 oz.

"The chief points of interest in this case" were the enormous weight of the brain (52 oz. in a child of only seven years), the selection of the tubercular process for the meninges, peritoneum, and mesenteric glands, the duration of the case—thirty days,—and the concurrence of tabes mesenterica with tubercular peritonitis.

CASE 2.—A boy aged eight years, was admitted to the Great Yarmouth Convalescent Home with strumous sinuses of right thigh and leg in June, 1897. The child was of the dull, dark-haired, strumous type, was deaf, and had a large head, especially posteriorly, a low, square forehead, the hair of scalp growing to within three quarters of an inch of eyebrows. He objected to bright light, and put his hand to right side of head constantly, saying that he had pain there. One night shortly after his admission I was summoned to his assistance, on account of his having become unconscious, and found him with dilated pupils, the left especially so, irresponsive to light, conjugate deviation to right, and left hemiplegia, including facial paralysis. Temp. 99°; tongue furred in patches. Bowels costive. The child had vomited. Urine was passed naturally. Tache cérébrale was demonstrated.

Next morning the child took milk well; the breathing was quick at times and inclined to Cheyne-Stokes variety, but there was no cough. Pulse 110, temp. 99.4°. Choroidal tubercles were seen in fundus of right eye by ophthalmoscopic examination, and right optic disc appeared swollen; fundus of left eye normal.

Heart and lungs by physical signs appeared healthy. The urine contained an excess of phosphates but no albumen.

Three days later the child became comatose, with head thrown back and body drawn in; incontinence of urine and faeces ensued, and respiration became very shallow with occasional deep sighs. The following day the pulse rate became enormously accelerated, 180 per minute, temp. 101° in the morning, 102.8° in the evening; there was impaired resonance at apex of right lung with feeble entry of air to that lung, and a friction-rub in front of same.

The child died at 5.30 a.m. two days later. The temp. six hours before death was 104.6°, and a quarter of an hour before 106.4°.

The patient had been subject to suppurative otitis, and three maternal aunts and one uncle died of phthisis.

The short duration (one week) of this case, the intensity of symptoms and hyperpyrexia just before death, together with the hemiplegia, make this case of interest.

I regret that a post-mortem examination was not obtained, for although there is little doubt that tubercular meningitis was present the train of symptoms and signs pointed also to cerebral abscess.

CASE 3.—D. H., girl aged 6 years, received a blow on forehead from a small swing eight days before I saw her on August 21st, 1897, causing bruising of skin but no indication of fractured skull. She was much alarmed by this, and by nurse telling her weird stories; anorexia and rigors with frightened manner had persisted for four days. Her symptoms at first suggested typhoid fever, the tremors of hands resembling subsultus tendinum, but on investigation I found that there were clonic spasms of muscles of all her limbs and trunk. Her pulse was 150, and temp. 103.6° midday; her upper lip twitched, and voluntary movements were jerky, the expression one of excitement and fear. The pupils were widely dilated. Child was thin and anæmic, but there was no history of cephalalgia

or vomiting. Her paternal grandfather had paralysis for years, and an aunt suffered from paralysis. The patient was ordered to bed, and next day found with knees drawn up and a hot dry skin; no rash was present and there was no sickness, though headache and itching sensation were complained of.

For the next three days the pulse averaged 140 and temp. 102.5° in morning and 104.4° in evening, the bowels acted freely (motions offensive and of a greenish colour), and on fourth day the following signs and symptoms of meningitis were well marked:—retraction of head, tache cérébrale, Cheyne-Stokes respiration, incoherent speech, sensation of weight on top of head, and intolerance of light.

Two days later the child became delirious and noisy, taking nothing and sleeping badly, but on following day, presumably due to action of potass. bromide and iodide, became sleepy, yet when roused asked questions intelligently, and put out tongue when asked to do so.

By ophthalmoscope no choroidal tubercles or optic neuritis could be made out.

Urination and defæcation were natural, and for the next few days patient slept well, took nourishment, and did not flex legs on abdomen; a period of delirium however again set in with incontinence of faeces and dilated pupils, which were irresponsive to light. But in two days' time the delirium had entirely disappeared, and an almost incredible improvement set in; the child's tongue became moist, she conversed freely, and was full of fun. This alternating condition of affairs went on for about twelve days.

On twenty-fourth day of disease aching pains in legs were complained of, and the pulse had risen to 160, temp. 104.4° in evening; knee-jerks were exaggerated, and next day light and noise were shunned; incontinence of urine occurred, and clonic spasms appeared in right arm; the day after these manifestations the temperature suddenly dropped to 97.8° at midday, the skin was cool and dry, and patient was very fretful.

From this date the case steadily improved, though the temperature was jerky for some time longer, and tremors of muscles were present, and tache cérébrale as late as thirty-second day of disease.

This case somewhat resembles Case 1 as to age, sex, duration, and marvellously sudden returns at times from coma to complete consciousness, with abatement of signs and symptoms of meningitis.

Was this due to a sudden wave of diminished pressure in cerebro-spinal fluid, consequent on lessened basic inflammation, or to the waning of bacterial influence from time to time? If to the former, I take it, the persistent use of ice to the shaved scalp with calomel and Potass. Iodide taken internally and Unguent. Hydrarg. applied to nape of neck were helpful; if to bacterial intoxication, the variations in temperature might enlighten us as to the incubation period, toxic power, and rate of growth of the microbe of causation. While attending this child one was at first quite at a loss to say if typhoid fever was not answerable for the symptoms, later if the case was not cerebro-spinal meningitis, and finally tubercular meningitis, in which an exudation was produced in the meninges by the tubercle bacillus without the actual formation of tubercles or tubercular pus. To this view I leaned, but had I known at the time of the diplococcus described by Dr. Still I should certainly have considered the case one of intoxication by that germ.

The case was not one of epidemic cerebro-spinal meningitis, as no others were reported in the district, no skin eruptions occurred, nor were back pains or any joint lesions complained of.

CASE 4.—An infant, aged sixteen months, of strumous type, had been ailing six days with loose bowels, motions very offensive. When first seen pulse was 160, respiration panting; tetany and coma had set in with retracted head and strabismus; the feet were very cold, and there was incontinence of urine and faeces.

The following evening pulse 140, and same signs continuing, meningitis was looked upon as cause of illness and potass. bromide and iodide were administered. Coma with tetanic spasms of various muscles of limbs, trunk, and head, however, continued till third day, the pupils were dilated, and symptoms no doubt were aggravated by dentition.

On fourth day child regained consciousness sufficiently to be able to take three quarters of a pint of milk, the pupils became semi-dilated, and at night she slept well, pulse still 140.

On fifth day child was quite conscious, and bowels were relieved by enema, and pulse had dropped to 120.

On sixth day took food and slept peacefully. The bromide and iodide were continued, and for a week nothing of moment occurred. On thirteenth day of treatment, however, patient again became very irritable, shunned light and sound, and developed thrush.

Hydrarg. cum Cret. and Syr. Ferri Iodidi were prescribed, and child

made steady progress and was marked off list as cured a fortnight later. An acute attack of bronchial catarrh unfortunately developed a week afterwards, but quickly subsided. Cod-liver oil and Syr. Ferri Phosph. Co. were then given for about a fortnight, when, signs of cerebral irritation commencing again, recourse was had to Hydr. cum Cret., Potass. Bromide and Iodide with satisfactory results.

This case is instructive in demonstrating a form of meningitis in infancy, which, of an anomalous type no doubt, occasionally occurs, and is now I believe classified as "non-tubercular post-basic meningitis in infants" (see 'Med.-Chir. Trans.', 1897).

This child came of a phthisical stock, one of her brothers having died of tubercular meningitis in infancy, when the family lived in London. For convenience it may be well to quote an abstract, from the 'Medical and Surgical Review of Reviews,' of Dr. Still's article on this matter:

"It is generally admitted that there exists a simple meningitis in children apart from the tubercular disease, and from secondary infection from the ear or other centres of suppuration. In nine out of twelve cases of simple basic meningitis on which Dr. Still made post-mortems, he found in the exudation a special form of diplococcus, resembling in appearance the gonococcus.

"In two of the remaining cases the disease was of longer duration, so that the micro-organisms had probably disappeared owing to lapse of time. In a case operated upon in life the same organism was found, and cultures were obtained on agar and glycerine agar. Dr. Still regards it as probably a modification of the organism described by Weichselbaum as the '*Diplococcus intracellularis*.'

"The possibility of recovery from the simple form of meningitis seems demonstrated by a case in which a child of eleven months suffered from the usual symptoms of basic meningitis, but improved greatly, only to die however of tubercular disease.

"At the post-mortem examination some thickening of the membranes and adhesion at the base were found, but no active meningitis. The case would previously have been regarded, in all probability, as tubercular meningitis owing to the generalised disease, but fortunately cultures from the cerebral ventricles had been made at a previous operation, and the diplococcus above described was found in practically pure culture."

## Death by Misadventure.

By C. S. HAWES, M.R.C.S., and R. T. WORTHINGTON, M.R.C.S.

THE following is a note on a case, the chief interest of which lies in the fact that a very clear account of an injury to the head, and the presence of a quite recent-looking hæmatoma on the forehead, led to a very complete error in diagnosis.

A. W—, æt. 4, was brought up to the surgery on September 2nd, suffering from convulsions and with the following history.

The mother stated that she had gone out leaving the child perfectly well. When she returned half an hour later she found him lying on the bed "in strong convulsions." A little girl with whom the child had been left said that he had crawled under the bed to fetch a toy, and when coming out had fallen and struck his head against a knob on a chest of drawers. The girl then said that he at first cried out and then "went stiff all over and had a fit."

On admission to the surgery at 2.30 p.m. the child was nearly unconscious, but cried out once or twice; his pupils were widely dilated and fixed. The corneal reflex was present. He appeared to be in great pain. He almost immediately had a series of clonic convulsions, lasting for about ten minutes with very brief intervals between them. The convulsions were general, but at first much more marked on the left side than on the right; there was at this time no tonic stage. There was no deviation of the head or eyes. Within a quarter of an hour the convulsions became much more violent, and there was now a tonic stage of about thirty seconds' duration between each. During this tonic spasm there was extremely marked opisthotonos and great cyanosis.

When seen in the ward some twenty minutes after he was brought up he appeared to be utterly worn out by the violence of the convulsions, which were now much less violent; he was practically moribund.

There was now no opisthotonos, and it was remarked that the convulsions only came on when an attempt was made to rouse the child.

Both knee-jerks were absent, and there was no ankle-clonus.

The pupils were still widely dilated and fixed; there was a very sluggish corneal reflex, but the child was unconscious.

The spasms now consisted merely of a slight clonic twitching of the arms and legs. The temperature was 107° 8'; pulse 140.

In the left frontal region was a large, apparently recent hæmatoma, and this, together with the history of the fall, led to the provisional diagnosis of laceration of the base of the brain, possibly by *contre-coup*, or possibly by direct violence.

The only treatment adopted was the administration of half a minim of croton oil.

The child gradually became more and more cyanosed, and died at 6 p.m. There was never urgent dyspnoea.

On the following morning the mother brought up a bottle of Patent Aloin Compound Tablets, which she stated had been full when she last saw it, and now contained only seven; when full it should contain fifty.

The girl above mentioned told the mother that the boy had said to her that he had found some sweets, and she saw him eat several of them.

The tablets contain: Ext. Belladonnæ, gr.  $\frac{1}{4}$   
Strych. Sulph., gr.  $\frac{1}{10}$   
Aloin, gr. j.

A post-mortem examination revealed no evidence of the cause of death; the meningeal veins were extremely congested, and rigor mortis was very marked, especially in the legs.

At the inquest the jury returned a verdict of accidental death, holding that there was sufficient evidence to show that the child had died from strychnine poisoning. The stomach contents were therefore not analysed.

This note is written by the kind permission of Mr. D'Arcy Power.

### Note on a Case of Poisoning by *Datura Stramonium*.

By ELDON PRATT, M.D.LOND.

THE second of the "Clinical Puzzles" of Dr. J. L. Maxwell, in the JOURNAL for August, suggests to me a case of poisoning by *Datura stramonium*, which came under my notice four years ago.

The patient was a little girl, eight years old, who was brought to the surgery one evening. She was said to have eaten largely of some fruits, the like of which the mother produced from her pocket; I at once recognised the common thorn-apple (*Datura stramonium*). The child had vomited several times previous to admission. Her condition was certainly alarming; the face was flushed, and pupils were as widely dilated as possible and fixed; there was also apparently complete loss of vision, which seemed to be more than a mere blurring or mistiness. I cannot say that I paid any particular attention to this condition at the time, nor did I employ the ophthalmoscope. Pulse was rapid, but of fairly full volume; respirations were rather hurried. The child seemed quite helpless and unable to stand; two or three times she had curious attacks in which the limbs would be moved aimlessly about, the breath would be held for a few seconds, and then she would cry out, finally lying quiet again, the whole attack only lasting some eight or nine seconds. The skin was dry and warm.

For treatment the stomach was washed out thoroughly, brandy was administered, and one sixth of a grain of nitrate of pilocarpine injected hypodermically. There was nothing in the train of symptoms suggestive of coma or collapse. The next day the patient was much better, having had a fairly good night. There was still indistinctness of vision, although not the apparently complete amblyopia that existed when first seen. Good vision was subsequently rapidly regained, although the pupils were slow in returning to their normal state.

Although differing considerably from the case quoted by Dr. Maxwell, I think it helps to throw a sidelight on the fact that stramonium may cause temporary loss of vision; at the same time it does not seem quite likely that this would result without other severe toxic symptoms. I can only suggest that it might be possible for stramonium, taken continuously for some time, to produce such fundus changes as observed by Dr. Maxwell.

monium may cause temporary loss of vision; at the same time it does not seem quite likely that this would result without other severe toxic symptoms. I can only suggest that it might be possible for stramonium, taken continuously for some time, to produce such fundus changes as observed by Dr. Maxwell.

### A Family History.

By G. V. BULL, M.B., M.R.C.S.

THE following history of a family affected by congenital syphilis is interesting, I think, on account of the extensive affection, and especially for the way in which the disease has picked out the eyes, and in the case quoted the nervous system.

The mother gives no definite history of syphilitic lesions, but the history of her pregnancies, nine in number, is as follows:

1. Miscarriage.
2. Miscarriage.
3. Miscarriage.
4. Boy, "born blind," with snuffles and some affection of the nails, accompanied by ulceration. Died aged fifteen months.
5. Boy, born with snuffles; never able to walk; became blind at two years. Died aged three years.
6. Boy, "stillborn."
7. Girl (now under my care), aged five. She had snuffles at birth, but appears to have thrived till the age of three, when she was able to walk, though she was never very intelligent. Her sight has been failing for about one year, and she has lost her power of walking. Her present condition is as follows:—She has a vacant expression, and does not see well. Her head is below the average in size, and her mental development is very defective. She has occasional squint, and her pupils do not react to light. There are old posterior synechiæ in the left eye, but no history of any acute eye affection. There are extensive deposits of pigment in both retinæ, and some old choroiditis. The left optic disc is pale and blurred, and the vessels small (? atrophy). There are numerous small vitreous opacities. There is no enlargement of the liver or spleen. She is unable to walk; her legs are rigid. The knee-jerks are exaggerated, and the toes give the extensor response.

She is evidently suffering from chronic cortical sclerosis, and the prognosis is gloomy. Mr. Gunn believes some good may be done to the eyes with antisyphilitic remedies, and she is therefore taking Hyd. cum Cret. and Pot. Iod.

8, 9. There are two younger children, aged two years and nine months respectively, who are apparently healthy, and have not had snuffles nor a rash. One may therefore hope that the virulence of the disease is now exhausted.

I have to thank Mr. W. T. Lister, who examined the eyes, for permission to use the note of the eye condition.

### Notes.

MR. D'ARCY POWER has resigned the post of Demonstrator of Practical Surgery, and has been appointed Demonstrator of Surgical Pathology.

MR. WARING has resigned the Demonstratorship of Operative Surgery, and has been appointed Joint Lecturer in Anatomy.

G. E. GASK, F.R.C.S., and R. H. URWICK, M.B., B.C., have been appointed Junior Demonstrators of Pathology.

J. E. G. CALVERLEY, M.B., B.S., has been appointed Companion of the Most Distinguished Order of St. Michael and St. George.

\* \* \*

CONGRATULATIONS to A. H. Hogarth on receiving the Medal for Distinguished Conduct in the Field.

\* \* \*

THE Decoration of the Royal Red Cross has been conferred upon Nurse Edith Pretty for her services to the Portland Hospital in South Africa.

\* \* \*

WE have seen the first number of a new publication, the 'British Optical Journal,' and, while acknowledging the value which its articles possess for the practical optician, it is difficult not to comment unfavourably on the aspirations of the British Optical Association, whose annual general meeting is reported in this issue. The chairman at the meeting is quoted as suggesting that they should establish "refraction hospitals" in large centres, mentioning that at a large general eye hospital 7000 or 8000 cases of refractive error were dealt with each year. He put forward no scheme, but asked why public subscription for the maintenance of such medical institutions should be diverted to dealing with refractive errors.

\* \* \*

IN the name of all medical science from the time of Hippocrates till to-day why use the expression *diverted*? If this branch of ophthalmology is not a legitimate use of the funds subscribed for healing the sick, and maimed, and blind, what is it?

These skilled mechanics who hold the diploma of the Worshipful Company of Spectacle Makers are scarcely qualified to deal with the clinical aspects of *ametropia*. They do not appear to grasp the fact that the eye is something more than a mere optical instrument fitted with varying accuracy into the orbit.

\* \* \*

Yet the fault is not entirely with them. We heard quite recently of a practitioner of some standing in a provincial town receiving a patient with a note from a local optician requesting that atropine might be put into the patient's eyes to enable him (the optician) to do a retinoscopy; and in this astounding proposal the doctor acquiesced, saying, when remonstrated with, "Well, I know nothing about eyes; he does."

\* \* \*

It is impossible to picture the mental attitude of such a man, who could send a patient round to be repaired with the microscopes and barometers, and in similar fashion, for fear, no doubt, that if he recommended a specialist or other better informed practitioner he would lose this patient and perhaps others.

\* \* \*

FOR all we know this practice may be wide-spread; if so, there is little cause for wonder at the suggestion of the British Optical Association that opticians should manage the eye hospitals.

\* \* \*

It was a small typhoid patient who, thinking his diet was dependent on the straitened finances of the Hospital, plaintively addressed his visiting physician, "Carnt yer spare us a meat pie, doctor?"

\* \* \*

THE Sessional Opening Address of the Abernethian Society will be delivered on Thursday, October 10th, in the Anatomical Theatre, at 8 p.m., by Mr. Willett. His subject will be "A Historical Review of Changes in Procedure in the Treatment of Operation Wounds at St. Bartholomew's Hospital between 1857 and 1901."

\* \* \*

THE next session will see the new *régime* in full swing at the meetings of the Abernethian Society; it will be interesting to discover whether the outcry raised last year in favour of smoking was voicing a real need.

\* \* \*

THE south block will shortly be ready to receive patients in some of the upper wards.

The alterations will give universal satisfaction, the electric lighting will add greatly to the comfort of the patients and everybody who has to work in the wards. At the head of each bed a single incandescent light will project from the wall at a convenient height for illuminating the whole bed, while between every two beds is a wall-plug to which a moveable hand lamp can be connected, and used for the thousand and one purposes which the antiquated oil lamps now serve.

There will be three hanging lights from the ceiling of each half of the ward, the middle one of which can be let down and shaded for use at nights. No doubt other minor alterations have been made, such as a new larder in the kitchens; but compared with the important innovation of electricity these call for but little comment.

\* \* \*

A TYPEWRITER is a useful thing, and, provided its health remain good, may prove quite a joy to its possessor. But if the placid working of its organs ceases, the usefulness exists no longer, and the joy is turned to sorrow. This unfortunate event recently happened to us; and wishful to know "the cause of this effect, or rather defect," as behoves a student of pathology, we indited the following brief note to the maker of the machine after the disease had been cured:

"DEAR SIR,—We should be glad if you would tell us the cause of the carriage of our typewriter having ceased to run smoothly, so that we may possibly prevent a similar thing happening in the future.

"Yours faithfully,  
"\_\_\_\_\_,"

Our prophylactic instincts met with the following reply:

"DEAR SIR,—Your favour of the 18th inst. has been awaiting the writer's attention.

"It is very difficult to state a cause for the hanging of the carriage, and in any case there are so many adjustments about the carriage that you can hardly prevent it hanging.

"One cause is the fact that the balls of the guide-roller are apt in this climate to become slightly rusty, in which case they rub against each other and prevent the roller turning. We are curing this in a measure by sending out the guide-rollers with a slight touch of oil on the balls. You yourself could about every five or six weeks touch the edge of the guide-roller screw with a toothpick dipped in oil, and at the same time give a touch in a similar way to the screw in the centre of the spring box.

"Another cause of hanging is the rack-bar, the screw holes of which are slightly oval, gradually dropping down until the teeth press hard on the spring box.

"A third cause is due to the screws of the carriage release keys at either end working loose, and allowing the short steel carriage hook to work out of the square. This, of course, makes it jamb in the guide slot of the track rail. If these are looked to generally, and the ball track of the carriage polished, first with an oily rag, and then with a dry duster, there is little fear of the carriage sticking.

"Yours truly,  
" —."

Despite the assurance conveyed in the last few words of this letter we do not look forward with much confidence to the application of preventive medicine to the diseases incident to our typewriter.

This opinion we took leave to express in a note written to thank the makers for their kind suggestions. We received the following in reply:

"DEAR SIR,—We do not think you will be troubled very much about the hanging of the carriage of your machine, but in addition to the causes mentioned in our letter, a still further cause is dealt with in the instruction book, page 12, under the paragraph 'Regulating the trip.'

"Trusting the machine is proving satisfactory,

"We remain,

"Yours truly,  
" —."

### Amalgamated Clubs.

THE past year has been one of second bests in many departments, and a retrospect of the doings of the various teams may not come amiss, so that when the academic new year begins in October men may see how athletics have prospered in the last twelve months, and where fresh effort is needed.

The Rugby XV came through the season with considerable success, just falling short when it came to meeting Guy's in the semi-final. There was a strange lack of consistency about the play during the season, possibly owing to the difficulty of getting men to play regularly. The forwards were the mainstay of the team, but there is room for some fast "outsides" in next year's fifteen.

The Association team have to confess to only qualified success. It is true the semi-final of the Inter-Hospital Cup was reached, but we fared no further, and Guy's won by 5 goals to 0, they in turn being beaten by St. Mary's in the final. At least five of last year's XI are not available, so that there will be room for new talent to help us into the final this year, and bring the Cup out of it.

Cricket during the summer was distinctly good. We had a strong batting side, that rarely failed to give a good account of itself. Burroughes and Neale each scored two centuries. The most exciting match, perhaps, was that against London in the Inter-Hospital Cup ties, when our last wicket went in to get 22 runs and put on 43. We reached the final, but our lack of bowling was discovered and shown up.

The Athletic Club came off with flying colours and the Inter-Hospital shield, scoring 5 firsts and 2 seconds, with seven hospitals competing; yet despite our recent performances in the Inter-

Hospital competition, there is an extraordinary apathy with regard to this form of sport. We have usually been there or thereabouts of recent years when the trophy has been contested for, without any large section of the Hospital being aware of the fact.

The Boat Club revived itself to some purpose, and carried off both the senior and junior events. We may look forward with some confidence to further triumphs on the river, and we hope also that the day is not far distant when the Hospital will be represented at Henley.

The Swimming Club turned out a sound water polo team, and had three representatives playing regularly for the United Hospitals.

Hockey has "caught on" well since the Club was first started five years ago; the final of the Inter-Hospital ties (for which, by the way, a cup was presented two years ago, but by the rules of the Hockey Association never played for) was reached, but Bart.'s was beaten by the London Hospital with the small score of 2 goals to 1. It was not a good plan that was perforce resorted to last year, of alternating teams for nearly every match.

Last year we turned out a team for the Inter-Hospital Hare and Hounds for the first time for a good many years, and were only beaten by the narrow margin of two points. With the men who ran for us last year still in residence, there should be further news from this Club in the future.

The Lawn Tennis Club has not favoured us with very profuse accounts of its prowess in the tented field, but we see that the Inter-Hospital Cup, which has adorned the library table for the last three years, has betaken itself to other quarters.

Looking back, then, there is cause for congratulation, and at the same time some cause for regret. If we can go so near to success in several branches, why have we failed at the last? Where are the palmy days of Soccer, when Bart.'s figured in the final of the London Cup? For there is but little fear of rating distinctions in athletics too high. We see no tendency at present to undervalue academic successes, and we must never forget that the reputation of the Hospital, and the position which it occupies in the eyes of the world, are due to a judicious combination of science and sport.

### The Anatomical Department.

**D**URING the vacation extensive alterations have been made in the dissecting-rooms in order to devote more space to the teaching of applied anatomy and practical surgery, which hitherto has had no definite head-quarters. At the west end of the dissecting-room, in a line with the two gallery pillars, a glass screen has been set up extending the whole breadth of the room, cutting off about a quarter of its total length; this part is to be retained solely for the teaching of operative and practical surgery and applied anatomy, and a glass case, similar to that already in the Museum, will contain examples of all surgical instruments, arranged in order, and clearly labelled, so that they may be studied without being fingered too much.

In addition to the necessary tables for operating on the cadaver, there will be lay figures, to be used as dummies for bandaging, etc. Along the west wall will be two cases for instruments and apparatus. In the room where formerly the operative surgery classes were held, the anatomical demonstrations and tutorial classes will now be given by the demonstrators, instead of in any odd corner of the dissecting-room proper, as hitherto. The remainder of the room will continue to be used for dissection only.

The bone-room, which under the new arrangement will only be accessible through the operative surgery room, is to be turned into a splint and surgical appliance room, where in some new cases will be kept all forms of splints, trusses, etc., together with an artist's lay figure on which men may practise their application, and thus acquire a certain familiarity with their use before beginning surgery dressing, or if they are inclined to increase their own skill while engaged in dressing.

The general effect of these changes will be to give very much more space to the teaching of operative surgery, and the study of surgical appliances, which has hitherto suffered rather from want of material on which to practise; with lay figures on which men can

become dexterous in the use of bandages, splints, etc., a patient treated in the surgery at Bart.'s should be sent out in the future a model of neatness and good taste. There is little fear of the anatomical department being in any way cramped, as the whole floor of the present dissecting-room will be available for dissection. The number of tables will not be reduced, and the "grinds" will be held in a much more suitable place, safe from any chance of being interrupted or disturbed by the goings and comings of others. The whole measure is, we have no doubt, only temporary until the hospital extension is completed; but we think that Mr. Waring is to be congratulated on devising so effective and simple a scheme for economising and utilising to the best advantage the existing space in the rooms.

### Moonshine.

**B**EHIND my house there stands an oak,  
Nay, to be correct, a couple,  
Trunks so stout, and twigs so supple,  
It must puzzle stranger folk  
That trees so very stiff below  
Should wave their upper members so.

I call one Toby, Jack the other,  
And a thousand years—(or less)  
Will be about their age, I guess,  
And each is very like his brother.

Beneath them, when the grass is dry,  
(It seldom is!) I love to lie,  
And gazing supine at the swallows  
I've been known to muse as follows.

"To live the life of these old trees  
Must be, I fancy, very sweet,  
Contemptuous of cold and heat,  
And certain of one's bread and cheese."

"Unreckoned ages rack the earth,  
But still beside him at the end  
Each finds the same old silent friend  
That nodded to him at his birth."

(This stanza I sometimes repeat :  
An editor once called it neat.)

"The mad sou'wester bustles through  
And rips a dozen branches off,  
But Toby, million-armed, can scoff  
At whoso thieves a brace or two ;"

"And finds in life an added zest  
To see the swarms of human kind  
Grow bilious, bony, bald and blind,  
While he is swelling round the chest."

"Ah joy ! To stand with vagrant roots  
Peregrinating out of sight,  
Nor cease, from dewy morn till night,  
A-sucking victuals through your boots !"

But when so far my musing's gone  
I fall to asking, "Is it wise  
To envy happiness that lies  
In endless aimless living on ?"

"For dissolution comes at last,  
And even Jack must one day stop,  
And die down slowly from the top,  
Which must be worse than dying fast."

"'T were hard to bear, I think, that we  
Should die progressive from the crown,  
And year by year be whittled down  
Unto the last extremity."

"To meet a solitary limb  
Perambulating here and there  
In quest of its aberrant pair,  
And sigh, 'There goes the last of Jim !'"

Oh no,  
I'd rather meet  
My doom, (where'er I go),  
Complete.

S. B.

### Old Students' Dinner.

**T**HE Annual Dinner of Old Students was held on Tuesday, October 1st, in the Great Hall. As had been anticipated, the attendance was exceptionally large, owing to the fact that this opportunity was being taken to present Sir Thomas Smith with his portrait, which has been painted by Mr. John Collier, R.A.

Mr. Walsham took the Chair, and after the usual excellent dinner had been dismissed, and the health of the King honoured, the Chairman proposed the toast of the "Hospital and School." After pointing out the continued prosperity which the Hospital enjoys, he went on to emphasize briefly the exceptional opportunity which now presented itself of acquiring sufficient space for the necessary expansion of the Hospital, and declared his conviction that if an appeal were made to the public, funds would not be lacking for the purchase of the whole site which will shortly be vacated by Christ's Hospital; he felt that there was little need for him to point out to a gathering of Bartholomew's men the urgent character of this question of expansion, which was acknowledged on all sides; yet at the same time he feared that the chance, if not accepted now, would never come within reach again.

Sir William Church, replying to this toast, expressed his satisfaction that the work of the Hospital, whether of a medical, surgical, or financial character, was aided by the constant presence of critics in our midst; saying that he often appreciated the naive criticism of some "green yet keen" student as an incentive.

Mr. Walsham then proceeded to the event of the evening, proposing the health of Sir Thomas Smith. No description, he said, was necessary of a man so well known, so looked up to, and so

admired by every generation of Bart.'s men. His career had been one long series of successes, whether as Demonstrator of Anatomy or Assistant Surgeon, teaching at out-patients with that marvellous fund of knowledge quickened by humour. Of his attainments as Surgeon there was even less need to speak, he would only remind those present that when Lord Lister introduced antiseptic surgery to the world Sir Thomas Smith went to Edinburgh to acquaint himself at first hand with his methods, and was subsequently the first surgeon in London to practise them. The Chairman then offered to Sir Thomas Smith, in the name of the subscribers, the excellent portrait by Mr. John Collier, which he pointed out standing on an easel in a prominent position at the west end of the Hall.

Sir Thomas Smith in a short and humorous speech thanked the Chairman for the great honour which had been paid him, saying that he feared after listening to Mr. Walsham's remarks he might suffer from "swollen head," for which the science and art of surgery could provide no cure. He said that when first he heard of the proposal, some friends had told him that they must paint his portrait; however, he added, "I'm glad they didn't, but asked Mr. Collier to do it for them." After commenting on the likeness which some people saw in him to various famous men, not excluding a notorious criminal, Sir Thomas asked leave to depart from the authorised toast-list and propose the health of Mr. John Collier.

Mr. Collier, replying, spoke of the great pleasure he had derived from the sittings for the picture, and of the entertaining interviews he had enjoyed with Sir Thomas Smith.

Subsequently Mr. Bowlby proposed the Toast of the Navy, Army, and Reserve Forces, to which Sir Henry Norbury, Director General of the Navy Medical Department, and Colonel Hendley, I.M.S., replied for their respective branches. Sir Lauder Brunton in a short but entertaining speech gave the health of the visitors, coupled with the names of Professor Clifford Allbutt and Professor Rücker, likening them to the two great lights in physic and physics, Harvey and Galileo, who, being contemporaries, had each profited by the researches of the other till they achieved those two marvellous scientific discoveries, the circulation of the blood and the theory of the pendulum.

The two professors then replied in turn on behalf of the visitors.

The Dinner closed with expressions of gratitude from the Chairman to the Secretary, Dr. Herringham, on whose shoulders the burden of arranging the details of the evening had fallen, who, moreover, was mainly responsible for the success of the evening.

An adjournment was then made to the Library for coffee, and the guests gradually dispersed, after a most enjoyable evening.

## Boarding House Geometry.

### DEFINITIONS AND AXIOMS.

1. All boarding houses are the same boarding house.
2. Boarders in the same boarding house and on the same flat are equal to one another.
3. A single room is that which has no parts or magnitude.
4. The landlady of a boarding house is a parallelogram—that is, an oblong angular figure which cannot be described, but which is equal to anything.
5. A wrangle is the disinclination of two boarders to each other, that meet together but are on the same flat.
6. All the other rooms being taken, a single room is said to be a double room.

### POSTULATES AND PREPOSITIONS.

1. A pie may be produced any number of times.
2. The landlady may be reduced to her lowest terms by a series of propositions.
3. A bee line may be made from any boarding house to any other boarding house.
4. The clothes of a boarding house bed, though produced ever so far both ways, will not meet.
5. Any two meals at a boarding house are together less than one square meal.
6. If a line be drawn from the opposite ends of a boarding house, passing through all the rooms in turn, then the stove pipe which warms the boarders will lie within that line.
7. On the same bill, and on the same side of it, there shall be two charges for the same thing.

8. If there be two boarders on the same flat, and the amount of side of the one be equal to the amount of side of the other, each to each, and the wrangle between one boarder and landlady be equal to the wrangle between the landlady and the other, then shall the weekly bills of the two boarders be equal also each to each. For if not, let one bill be the greater—then the other bill is less than it might have been—which is absurd.—From the 'Alleyman.'

## Volunteer Medical Staff Corps.



THE members of No. 3 Company (St. Bartholomew's and St. Thomas's Hospitals) of the Volunteer Medical Staff Corps will hold their Fourth Annual Ball at the Empress Rooms, Royal Palace Hotel, Kensington, on Friday, November 15th. The dance was originally fixed to take place in February last, but was postponed on account of the death of Her late Majesty Queen Victoria.

The function will, no doubt, be a great success, owing to the support which is invariably given by the staff of this Hospital. The tickets are limited to 350, and these were all applied for in February. The present officers of the company are:

Surgeon-Captain G. Sims Woodhead, M.D.

" " H. Work Dodd, F.R.C.S.

" " W. E. Miles, F.R.C.S.

And the Honorary Chaplain,

The Rev. Sir Borradaile Savory, Bart., M.A.

Tickets and every information may be obtained from members of the Committee and the

Hon. Secretaries, { S. E. CRAWFORD, St. Bartholomew's Hospital.  
ERNEST A. MAY, Elmhurst, Elm Road, East Sheen, S.W.;

## "St. B. H. A. D. C."



THE eighteenth Annual General Meeting of the Dramatic Club was held on October 4th, the President, Mr. W. H. Cross, in the chair.

The following officers were elected:

Stage Manager.—Mr. A. R. Tweedie.

Assistant Stage Manager.—Mr. H. S. Ward.

Acting Manager.—Mr. R. J. Waugh.

Mr. V. C. Upton was elected auditor.

The meeting then adjourned.

Those anxious to become members are reminded that it is desirable to do so as soon after joining the Hospital as possible, in order that, by forming an early acquaintance with the Club and its management, they may be ready to take up their position as its officers when called upon in their turn to do so.

It is regrettable to notice how many men delay joining the Club till their fourth or fifth year, becoming interested only to find either that work is too pressing to allow of their sacrificing as much time as they could wish to things dramatic, or that the burdens of qualification compel them to seek "fresh fields and pastures new."

## Reviews.

DISEASES OF THE THYROID GLAND AND THEIR SURGICAL TREATMENT. By JAMES BERRY, B.S.Lond., F.R.C.S., Surgeon to the Royal Free Hospital, and Lecturer on Surgery at the London School of Medicine for Women, Surgeon to the Alexandra Hospital for Hip Disease. (London: J. & A. Churchill. 1901. Pp. 367, 121 illustrations. Price 14s.)

This book is based upon the Essay for which Mr. Berry was awarded the Jacksonian prize of the Royal College of

Surgeons in the year 1886, the Hunterian lectures delivered by him in 1891, and his experience in this branch of surgery for the past fourteen years. The Jacksonian Essay in its original form was never published, owing to the fact that the author felt "he had had so little personal experience of thyroid surgery, that it was undesirable to commit his observations to print." Since then he has enjoyed unusual facilities for the study of this part of surgical practice, and much of what was written in the original essay has been entirely rewritten by the light of further experience. The result of this delay in publication has been a distinct gain to medical literature, since the volume under consideration can be truthfully said to be a sound exposition of the practice of the surgery of the thyroid gland, according to the personal experience of Mr. Berry and those other surgeons, such as Kocher, who have devoted a considerable amount of energy to the advancement of the treatment of diseases of this gland.

The book is divided into twenty-two chapters. The first of these comprises a succinct account of the anatomy of the gland in question, which in the main corresponds with that given in the text-books of anatomy. Kocher's description of the arrangement of the thyroid veins is followed, in preference to that usually adopted by English anatomists. The arrangements of the lymphatic vessels which take the lymph from the gland to the lymphatic glands in the neighbourhood, are not very clear from the description; a condition of affairs which might have been improved by the insertion of a diagram.

The physiology of the gland is not considered in a separate chapter, but references are made to it in various portions of the book.

Endemic goitre is discussed at full length, and in conclusion Mr. Berry states, "There can be no doubt that climatic and atmospheric conditions have little or no share in the production of goitre. That there exists some definite relation between endemic goitre and some poison in the soil upon which it is found is tolerably clear, and there can be no doubt that in the vast majority of cases drinking water is the vehicle by means of which that poison obtains access to the body. Such water is usually, if not always, derived from calcareous soils, but it is probable that the goitre-producing poison is not a salt of lime or magnesia. It has not yet been satisfactorily shown that any salt of iron is the essential constituent. The same may be said of micro-organisms."

The chapter on exophthalmic goitre is of interest. After a very detailed account of the different forms of operation which have been performed for this disease, the author says: "It seems to me that it may be reasonably doubted whether surgical treatment is not on the whole worse than useless. With regard to ligature of the thyroid vessels it still seems to me doubtful whether this proceeding is followed by cure sufficiently often to justify its

performance. There seems to me no doubt that if any of the operations are undertaken by the surgeon, that they should be performed in most cases without general anaesthesia, and that they should be performed with as little disturbance as possible to the surrounding parts."

In connection with malignant disease it is asserted that the operation for removal of malignant disease of the thyroid gland, unless performed at a very early stage of the disease, is attended by a high mortality from the operation itself. In the majority of cases the only treatment that can be adopted is but palliative, and consists chiefly in relieving the patient from dyspnoea, dysphagia, and pain.

The terminal portion of the work comprises the consideration of the treatment of the various forms of non-malignant disease, and the results which have been obtained. Mr. Berry gives a table of the last one hundred cases which have been operated upon by himself. Out of these ninety-nine recovered, and one terminated fatally.

We strongly recommend the perusal of this work to all students of surgery who wish to keep their knowledge up to date as regards the subjects treated.

---

**SURGICAL APPLIED ANATOMY.** By SIR FREDERICK TREVES, K.C.V.O., C.B., F.R.C.S., with the assistance of ARTHUR KEITH, M.D., F.R.C.S. (New and revised edition, price 9s. Cassell and Co.)

The fourth edition of this widely read handbook does not stand in need of further praise to ensure its popularity. The previous editions have made the book known to every generation of students since its first appearance, and its excellence is acknowledged on all sides.

The present edition has been slightly enlarged by additions to the letterpress, which serve to keep it up to date with the steady advance of modern surgery, and some new illustrations have been added, or in some instances substituted for the old ones.

---

**CLINICAL PATHOLOGY AND PRACTICAL MORBID HISTOLOGY.** By T. STRANGWAYS PIGG, M.A. Second Edition. (Strangeways and Sons. London. Price 5s. net.)

We have received a second edition of this excellent volume. Though addressed to students, and designed in the main to enlighten the beginner, there is little in it that will not be also of the greatest value to any one who is not constantly engaged in pathological work.

The main object of the author is to explain the technique of his subject, and in this he has succeeded admirably; few books give this particular information in so concise or intelligible a manner. The illustrations are excellent and add greatly to the value of the book, for which, as a whole, we have nothing but praise.

---

**"GOLDEN RULES" SERIES.** Nos. IX, X, XI, price 1s. each. John Wright. Bristol.

The three numbers we have received of this series deal respectively with "Aural and Nasal Practice," "Hygiene," and "Diseases of Children"; it is possible that is not a waste of time publishing this series, but we only make the suggestion tentatively.

## Calendar.

October, 1901.

- Oct. 1.—Dr. Hensley and Mr. Butlin's duty.  
 " 4.—Sir Lauder Brunton and Mr. Walsham's duty.  
 " 8.—Sir William Church and Mr. Willett's duty.  
 " 9.—Mr. Langton's Clinical Lecture.  
 " 10.—Abernethian Society. Opening Sessional Address by Mr. Willett.  
 " 11.—Sir William Church's Clinical Lecture.  
 Dr. Gee and Mr. Langton's duty.  
 " 12.—R.F.C. v. London Irish, at Herne Hill.  
 A.F.C. v. Ewell, at Ewell.  
 Hockey Club, Southfield, at Southfield.  
 " 15.—Sir Dyce Duckworth and Mr. Marsh's duty.  
 " 16.—Mr. Langton's Clinical Lecture.  
 " 17.—Abernethian Society. E. Talbot, M.B., "Modern Treatment of Pulmonary Tuberculosis."  
 " 18.—Dr. Hensley and Mr. Butlin's duty.  
 Dr. Gee's Clinical Lecture.  
 " 19.—R.F.C. v. Park House, at Winchmore Hill.  
 A.F.C. v. Reigate, at Reigate.  
 Hockey Club v. West Herts, at Watford.  
 " 22.—Sir Lauder Brunton and Mr. Walsham's duty.  
 " 23.—Mr. Langton's Clinical Lecture.  
 A.F.C. v. R.M.A., at Woolwich.  
 " 24.—Abernethian Society. Clinical Evening.  
 " 25.—Sir William Church and Mr. Willett's duty.  
 Sir Dyce Duckworth's Clinical Lecture.  
 " 26.—R.F.C. v. Marlborough Nomads, at Surbiton.  
 A.F.C. v. R.I.E.C., at Cooper's Hill.  
 Hockey Club, Norwood, at Beckenham.  
 " 29.—Dr. Gee and Mr. Langton's duty.  
 " 30.—Mr. Willett's Clinical Lecture.  
 Hockey Club, Blackheath School, at Blackheath.

## Appointments.

ATLEE, W. H., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Senior House Physician to the Metropolitan Hospital.

BOYLE, H. E. G., M.R.C.S., L.R.C.P., appointed Casualty Officer to the Royal Infirmary, Bristol.

BRANSON, W. P. S., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Casualty Officer to the Children's Hospital, Shadwell.

MACKAY, E. C., M.R.C.S., L.R.C.P., appointed Junior House Surgeon and Anaesthetist to the Royal Infirmary, Bristol.

MACLAREN, N., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Metropolitan Hospital.

MAXWELL, J. L., M.D.(Lond.), appointed Surgeon to H.B.M. Consul, South Formosa.

NIXON, J. A., M.B., B.C.(Cantab.), appointed Senior House Surgeon to the Metropolitan Hospital.

WHITAKER, L. E., M.R.C.S., L.R.C.P., appointed Civil Surgeon to His Majesty's South African Field Force.

WHITE, F. N., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Junior House Physician to the Metropolitan Hospital.

WILLETT, J. A., M.B., B.Ch.(Oxon), M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to Queen Charlotte's Lying-in Hospital.

## New Addresses.

BLAGDEN, J. J., Homeleigh, Yelverton, S. Devon.

BREWERTON, E. W., 45, Weymouth Street, Portland Place, W.

CALVERLEY, ERNEST J. G., Claremont House, Cheriton Road, Folkestone.

DALE, C. B., Winterslow, 115, Bristol Road, Edgbaston.

DICKSON, A. W., Stannary House, Stainland, near Halifax (not near Darlington) as previously inserted.

FARMER, W. H., 6, Lymington Road, West Hampstead.

FEGAN, R. A., Templecrow, Westcombe Park, S.E.

HAIG, T. B., 13, Lyndhurst Crescent, Aubrun, Melbourne, Australia.

WARING, H. J., 37, Wimpole Street, W.

## Birth.

SMITH.—On September 10th, at High Down, Hindhead, the wife of Gilbert Smith, F.R.C.S., of a daughter.

## Marriages.

CALVERLEY—DOUËT.—On July 27th, at St. John's, Lewisham, Kent, Joseph Ernest Goodfellow Calverley, M.B., B.S., of Claremont House, Folkestone, and late of the Portland Hospital, South Africa, to Evelyn, daughter of E. Douët, Esq., of St. John's.

CORBEN—OCKENDEN.—On September 17th, at St. George's, Hanover Square, by the Rev. E. J. Haynes, M.A., Charles Corben, M.R.C.S., etc., of Caldicot, Chepstow, to Annie Bulmer, widow of the late R. J. Ockenden, Esq., and third daughter of the late Major John Godson, Madras Staff Corps.

CRACE—CALVERT—ADAMS.—On September 11th, at Clapham Congregational Church, by Rev. J. C. Thompson, of Heathfield, George Alfred Crace-Calvert, M.B., M.R.C.S., Llanbedr Hall, Ruthin, to Ellen Marguerite Adams, elder daughter of Francis Adams, Shamrock Lodge, Park Hill, Clapham, S.W.

DICKSON—TIDMARSH.—On September 18th, at Holy Trinity, East Finchley, by the Rev. William Breton, M.A., of St. Patrick's Church, Hove, Avery Wynn Dickson, M.R.C.S., of Stainland, Yorks, second son of the late Lieut.-Col. Dickson, R.A., to Eveline Amy, daughter of the late Rev. William Tidmarsh, B.A., of Putney.

GUTCH—METCALFE.—On August 27th, at St. Michael's Church, Sutton, Wansford, Northants, John Gutch, M.D.Cantab., of Ipswich, eldest son of the late John James Gutch, of Holgate Lodge, York, to Dorothy Emily, second daughter of the late Frank Metcalfe, of Mote House, Wisbech, and of Mrs. A. Metcalfe, Manor House, Sutton.

